

Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9506 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 08/24/2010 |
| NAME OF PROVIDER OR SUPPLIER MT JULIET HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| N 831 | <p>1200-8-6-.08(1) Building Standards</p> <p>(1) The nursing home must be constructed, arranged and maintained to ensure the safety of the resident.</p> <p>This Rule is not met as evidenced by: Based on observation it was determined the facility failed to comply with the Tennessee Department of Health Building Standards.</p> <p>The findings include:</p> <p>Observation of the kitchen area on 8/24/10 at 9:20 AM, revealed the janitor's closet door did not have a door closure. National Fire protection Association (NFPA) 101, 19.5.2.1</p> <p>Observation of the service hall on 8/24/10 at 9:23 AM, revealed water stained ceiling tiles. TDOH 1200-8-6-.08(2)</p> <p>Observation of the service hall and the med room on 8/24/10 at 9:24 AM, revealed ceiling tiles were missing. TDOH 1200-8-6-.08(2)</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/24/10.</p> | N 831 | <p>N831 1200-8-6-.08(1) Building Standards</p> <p>Requirement: The nursing home will be constructed, arranged and maintained to ensure the safety of the resident.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1a. A door closure was attached to the janitors closet door in the kitchen on 8-30-10 by the maintenance supervisor b. Water stained ceiling tiles in the service hall were replaced on 8-24-10 by the maintenance supervisor. c. Missing ceiling tiles in the service hall and the med room were replaced on 8-24-10 by the maintenance supervisor. 2. Facility rounds were completed by the maintenance supervisor on 8-30-10 to ensure appropriate doors had door closure, ceiling tiles were free of stains, and missing ceiling tiles were replaced. 3. The maintenance supervisor was in-serviced by the Administrator on 8-30-10 regarding the proper maintenance of doors and ceiling tiles. 4. The QA committee will monitor for compliance through daily facility rounds. | 9/30/10 |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

Z38521

If continuation sheet 1 of 1